

**STATE OF HAWAII
COMPLAINT TO VENDOR**

AGENCY INFORMATION

DATE:

NAME OF AGENCY SUBMITTING COMPLAINT

AGENCY ADDRESS

CONTACT PERSON

TELEPHONE NO.

CONTRACT REFERENCE (Purchase Order, IFB, or RFP No.):

DATE OF CONTRACT OR PURCHASE ORDER

DESCRIPTION OF THE GOODS, SERVICES, OR CONSTRUCTION

VENDOR INFORMATION

VENDOR NAME AND ADDRESS:

VENDOR CONTACT:

TELEPHONE NO. :

NATURE OF COMPLAINT

THE ABOVE AGENCY IS DISSATISFIED WITH VENDOR FOR THE FOLLOWING REASONS:

VENDOR'S REPLY

PLEASE RESPOND TO THE AGENCY IN THE SPACE PROVIDED BELOW. RETURN THIS ORIGINAL FORM TO THE AGENCY ADDRESS LISTED ABOVE WITHIN SEVEN (7) WORKING DAYS.

VENDOR SIGNATURE:

TITLE:

DATE OF REPLY: